	DECI	LARATION AND	POWER	OF ATTORNE	Y USA/PCT	
(a)	elow named inventor, I hereby declare the My residence and Citizenship are as standard I verily believe I am/we are the original sought on the invention entitled: RHI and the specification of which: (check one)	tated below my name. My P. al, first and sole/joint invento	r(s) of the subject N OF POLYM as (6) 43355	et matter that is embraced ERS 3845).	idence unless otherwise state by and for which a patent is	ed.
(c)	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by					
(d) (e)	any amendment referred to above. I acknowledge my duty under 37 CFR patentability as defined in 37 CFR 1.5 information known to me to be materia prior application from which priority is I hereby claim foreign priority benefits certificate listed below or §365(a) of a America listed below, and also identify equivalent PCT international applications.	if (6). If this application is a all all to patentability as defined is claimed in part (f) below, a sunder 35 U.S.C. § 119(a)-(our PCT international application below any other foreign equivalents.	continuation-in- in 37 CFR 1.56(nd the national of b) or §365(b) of tion that designativalent application	part application, I acknowled) that became available bor PCT international filing any foreign application(s) ated at least one country of ion for patent or inventor's	edge the duty to disclose all etween the filing date of the date of this application. for patent or inventor's her than the United States of certificate or any other	
		APPLICATION(S)		RIORITY CLAIMED	CERTIFIED COPIES IN	NCL.
	Number Country or 1	PCT Day/Month/	ear Filed			
	Additional claims for benefit are a	attached.				
	I hereby Claim the benefit under 35 U.S any United States application(s), or undebelow:					f
	US or PCT Appln. Serial No. 60/532,491	Filing Date December 24, 200	3	Status at Applicati Pending		
	Additional claims for benefit are	attached.				
	I hereby appoint the attorney(s) and/or Patent and Trademark Office connecte	ed therewith. Address all corre			d to transact all business in (the
	pointment, including the right to delega a to any proceedings established by the		o apply to the sa	me extent it is applicable u	under the laws of the United	States of
rue; an	y declare that all statements made herein d further that these statements are made onment, or both under 18 U.S.C. § 1001	with the knowledge that wil	lful false stateme	ents and the like so made a	re punishable by fine or	
	Inventor(s):					
	At: Somerset, New Jersey 08873, US this 5. day of	SA, 20_ <i>05</i>	At: Somers this // da	et, New Jersey 08873, US y ofM …h	, 20 <u>05</u>	
	8	ullia	Signature:_	Rull M.	Contol	
	Full Name: Bharat I. Chaudha Residence: 14 Michelle Court		Full Name: Residence:	Randall M. Cunta 115 Mount Pleasa		•
	Princeton, New Je Country: United States of A		Country:	Columbia, New Je United States of A		
	Citizenship: United States of A P. O. Address: Same as Residence	merica	Citizenship: P. O. Addres	United States of A	merica	
	At: Somerset, New Jersey 08873, USA		At: Midlan	d, Michigan 48674, USA		
	this 23 day of, 2005			ay of		
	Signature:			1 24/20		
	Full Name: Monanded Esseghi Residence: 5 Robin Lane	ir	Signature: Full Name:	John Kher	 	
	Monroe Township	, New Jersey 08831	Residence:	5717 Stillwater La		
	Country: United States of An Citizenship: Algeria	merica	Country:	Midland, Michiga United States of A		
	P. O. Address: Same as Residence	e **	Citizenship: P. O. Addres	United States of A	merica	

Page two of two

Docket Ref.: <u>63845</u>

Additional names, addresses and signatures to be attached to Form No. 1000

Entitled: DECLARATION AND POWER OF ATTORNEY

At: Freeport, Texas 77541, USA this 18 day of March, 2005	At:
this 18 day of March 2005	At: day of, 20
Signature: Full Name: Yunwa W. Cheung Residence: 104 Rosemary Lane City, State, Zip: Lake Jackson, Texas 77566 Country: United States of America Citizenship: United States of America P. O. Address: Same as Residence	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:
At:	At:
Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:
At: this day of, 20	At:
Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:
At: day of, 20	At: this day of, 20
Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address: